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ABSTRACT

Ten learning disabled (LD) and 10 nonLD 10 to 11 year old children were administered the Bledsoe Self Concept Scale twice: first they were asked to respond in terms of how they perceive themselves and second, as how they would like to be. Contrary to hypotheses, results indicated that LD and nonLD Ss did not differ significantly in self concept or in congruence between self and ideal self concepts. (A 12 page review of the literature on self concept preceeds the account of the study.) (CL)

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Self and Ideal Self of Learning Disabled Children - A Preliminary Study

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Self and Ideal Self of Learning Disabled

Children - A Preliminary Study

The problems of the Learning Disabled child today are of concern not only to parents but also a number of professionals, who are attempting to aid the child learn to his/her full capacity and successfully adapt and assimilate into society. It has been accepted that the Learning Disabled child may be considered "normal" other than in individually specific cognitive areas, and that it is these specific areas that hinder "normal" learning in particular academic spheres. However, in spite of a large body of empirical research, a great deal remains unknown and/or controversial in all areas, ranging from etiology through to remediation. Further, research efforts are adversely affected since diagnosis, symptomology and definitions are often arrived at via exclusion and are usually circular in nature; i.e.: a learning disability is an inability to learn (Ross, 1976, p. 11).

A lack of a specific agreed upon definition of learning disabilities, may be seen to be strongly contributing to theoretical and methodological difficulties. Hence, when conducting research relative to this population, most of the results and conclusions have been and are, inconsistent and inconclusive in nature.

Experientially, people who work with learning disabled children observe a number of "typical" characteristics, among which hurt, anger and frustration are often present or manifested behaviorally in one way or another (Rosenthal, 1973). This is not surprising, for these otherwise "normal" children are both personally and socially handi-

capped by an illusive phenomenon. Recognizing that emotions and feelings such as those mentioned above exist in a large proportion of learning disabled children, it is important to consider how these emotions and feelings may influence the affective and concrete functioning of the child.

A major aspect of personality that affects how a person functions, both psychically and externally, is that of self-concept. The self-concept can be seen as the component of personality which integrates and unifies percepts and responses to, and of, the outside world. Self-concept thus becomes a significant factor to consider when attempting to aid the learning disabled child to assimilate and adjust successfully into his/her society. As a result of the perceived importance of this area, it is the purpose of the present study to examine whether the self-concepts of learning disabled children differ from those of non-learning disabled children. Specifically, this study will examine levels of self-concept, ideal self-concept, and degree of congruence between self-ideal-, self-concept in learning disabled and non-learning disabled children.

Unaccountable difficulties of learning in the areas of reading, writing and mathematics have gained much attention during the last twenty years. These difficulties have been addressed by many names and definitions. Currently, the inability to learn in a specific given area, by an otherwise "normal" child, is referred to as a learning disability. As a result of a wide variation in definitions of learning disabilities, (i.e., minimal brain dysfunction, specific dyslexia, developmental deficits, alternational deficits, etc.) it was decided to employ the legal definition (Federal Law 94-142 - T.E.A. Publication no. 266-13-90)

thereby addressing this study to the population of children selected and recognized by the State. Hence, in the present study, the term "learning disabled" refers to subjects who have been diagnosed and classified by the Admission, Review, and Dismissal Committee of their local school district as having a learning disability following diagnostic and placement procedures consistent with the guidelines set by the Texas Education Agency. The State of Texas (T.E.A. Publication No. 266-13-90) employs the following definition "Language and/or learning disabled students are students who are so deficient in the acquisition of language and/or learning skills, including but not limited to the ability to reason, think, speak, read, write, spell, or to make mathematical calculations, as identified by educational and/or psychological and/or medical diagnosis, that they must be provided special services for educational progress. The term 'language and/or learning disabled' shall also apply to students diagnosed as having specific developmental dyslexia and may include students who are diagnosed as being minimally brain injured."

Theoretical investigations into "Self" have been ongoing for many years. A prominent leader in this field has been Carl Rogers (1951, 1961). For the purposes of the present study the concepts of self and ideal self were defined and used as per Rogers conceptual model. Rogers' framework is based upon a phenomenological method of psychotherapy known as "non-directive" therapy in which the self is seen to be the central aspect of the personality. Development of self-concept is viewed as a dynamic process by which the person has an

awareness of his own being and functioning, which consists of the individual's perception of his experiences in his environment. Thus Rogers denotes the self-concept to be "The organized consistent conceptual Gestalt composed of perceptions of the characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions. It is a Gestalt available to awareness although not necessarily in awareness. It is a fluid and changing process, but at any given moment it is a specific entity that is at least partially definable in operational terms" (Meador and Rogers, 1979, p. 147). Hence self-concept is most likely to be used when we are talking of the person's view of himself.

Rogers (1979, p. 147) denotes the "ideal self" to be "the self-concept the individual would most like to possess, upon which he places the highest value for himself. In all other respects, it is defined in the same way as the self-concept." Thus congruence between self-concept and ideal self-concept may be conceptualized as being the degree to which the self-concept possesses the qualities of the ideal self. Rogers hypothesized that congruence between self and ideal self indicates the individual's level of adjustment. Thus a small discrepancy is positively related to higher levels of adjustment; whereas the larger the discrepancy the lower the level of adjustment.

The ideal-self as a construct was initially (although indirectly) examined by Butler and Haigh (1954) during their experimental work on "changes in the relation between self-concept and ideal concept" and was later verified by Wylie (1961) when she investigated the stability

of the self-concept per se. Both works found the ideal-self construct to be a valid and stable one via its incorporated testing within the self-concept spectrum. Frank and Heister (1967) directly studied the reliability of the ideal-self construct. They reported that the ideal-self tended to be less stable over time than self-concept, with males showing a greater change over time than females. It was thus pointed out that though the stability of the construct was certainly sufficient to be used in personality measurement, there should be some change expected as a natural phenomenon of time.

The above studies have indicated that the ideal self-construct may be seen as a fluid, though basically stable construct (Frank & Heister, 1967). However, it has been indicated that within the psychotherapy environment, the ideal-self concepts tend to be more stable than the self-concepts (Butler, 1968; Truax, Schuldtard, Wargo, 1968). Thus, when greater congruence of self to ideal-self occurs within psychotherapy, it is believed that it is the self-concept that changes and nears in correspondence to the ideal concept.

Chodorkoff (1954) demonstrated that "the greater the correspondence between the perceived self and the ideal-self, the more adequate the individual's personal adjustment." He does, however, point out that a person with a "large" discrepancy between self and ideal-self can in fact be well adjusted, if that person is working toward and motivated to change in the direction of an ideal self which is more satisfying to him. Conversely, it is equally possible for a person with a relatively small discrepancy between self or ideal-self to be poorly adjusted when there is dissatisfaction with self, but little or no motivation to change

and bring the self to greater congruence with ideal-self. It should be noted that there typically is some discrepancy of congruence between self and ideal-self concepts, thus allowing for continuous growth upward towards one's ideal. Hence, from the indicated relationship elements of maladjustment may stem from; too large, and therefore "unrealistic," of a discrepancy between self and ideal-self concepts and/or a disturbing dissatisfaction with self.

Chodorkoff's (1954) findings were extended by Hanlon, Hofstaetter and O'Conner's study (1954). They suggested that poor self-concept or maladjustment need not necessarily occur only when a negative relationship between self and ideal-self is present, but that maladjustment can also occur when a low positive correlation is evident. They additionally concluded that, for "total" adjustment, the correlation between self and ideal-self congruence should be positive and highly significant; with congruence of self and ideal-self seen to be a normally distributed trait. In addition there is relatively strong indication that incongruence between self and ideal-self concept can be a significant source of vulnerability to threat or anxiety (Truax, Schuldt, and Wargo; 1968). Moreover, psychotherapy which increases self-ideal - self congruence, generally results in constructive personality change and adjustment (Butler, 1968).

The development and level of self concept has for some time been recognized as being directly and/or indirectly related to the child's experience (Rogers, 1951; Coopersmith, 1967). Major factors affecting development of self-esteem have been specified (Rosenthal, 1973) as being dependent upon: a) how the individual is valued by others; b) the individual's history of perceived success by self and others; and c)

how the individual responds with controls and defenses to perceived devaluation by self and others. Rosenthal (1973) further suggests that self-concept, personal and social adjustment may vary, dependent upon child-parent interaction as well as child-school interaction. Variables within the child-parent relationship such as the parent's understanding of learning difficulties and their interpretation of this to the child, were found to greatly influence development of self-concept of the learning disabled child (Rosenthal, 1973). Hence, the mode in which the child is related to (i.e., acceptance or anxiety) seems to be a central factor in the development of self-concept.

Kronick (1973) varifies these positions in that she sees the building and developing of self-concept to be dependent upon the child's appreciation of who she/he is, their weaknesses and strengths, what interactions he/she may have with others and they with him/her, together with the child's present and expected role in society. She, as have others, (Black, 1974) noted that learning disabled children function with a poorly developed self-concept. Kronick attributes this to a consistent flow of mixed messages (i.e. good child, but bad because he/she does not learn) which the child receives from family, school and peers and to the relative lack of correspondence of output and input. Hence she claims that the learning disabled child is forced to contend with a highly complex collection of factors that work against the clear and stable development of a self-concept.

Both clinical experience (Rosenthal, 1973; Schechter, 1974) and empirical research (Rosenthal, 1973; Critchley, 1973), with learning disabled children support these findings. A large proportion of learn-

ing disabled children function in environments containing continued accusations of their being stupid, lazy, or devient. In turn feelings of turmoil and despair occur, with differing levels of emotional deviation and/or psychopathological behavior (Rosenthal, 1973; Critchley, 1970). There do not appear to be any specific personality deviations, consistently found in learning disabled children, although "it is rare to find a child who is not affected emotionally to some degree by years of failure to learn to read and write." (The British Council for Rehabilitation of the Disabled, 1974, p. 9).

Emotional reactions vary in type and degree, manifesting themselves in a whole compensatory behavioral spectrum from passive withdrawal, to classroom clown, to overt aggressive behavior (Critchley, 1970; Myklebust, 1975).

For most children, few overt signs of learning disabilities are seen before they start school. Furthermore during the first year or two of school learning disabled children are hard to discern from "normal" children since a great number of "normal" children go through a period of emotional instability and have many of the same "symptoms" as learning disabled children, as a part of normal reading and writing development (Hallahan and Cruickshank, 1973).

Thus, learning disabled children initially do not usually exhibit any more, or less, emotional disturbance or learning problems than the norm (Rosenthal, 1973). Rather, it is when the majority of children surge forward in the acquisition of academic skills that the learning disabled child is "found." By the time the learning disabled child is identified, the child has already often had a history of negative and

disturbing experiences, in that the child has reached a point where either parents and/or teachers become aware of the problem through the child's lack of progress in academic achievement.

It is the achievement orientation of our society that appears to have a major effect upon the learning disabled child's self-concept (Griffiths, 1975). The relatively high consistency of being confronted by the frustration of failure is often exacerbated by a societal position that considers academic achievement and competence to be of high value and necessity. Usually a record of academic failure is built over time forcing the child to deal with their apparent differences, feelings of inability to eradicate "the problem," and feelings of helplessness. In turn, low self-concept, confusion, and feelings of alienation tend to become stronger (Benger, 1968). Eventually, behavioral and emotional effects manifest themselves, initiating a circular process of academic failure, resulting in decreased social acceptability, which affects self concept and other personality factors, which in turn may increase academic failure. These effects have been noted for some time. For example, in 1941 Gates spoke of the circular process between personality and learning difficulties. Black (1974) addressed the above issue directly and found there to be significantly lower self-concepts in learning disabled children than in "normal" children of the same age, sex and intellect. Further, he found that the self-concept of learning disabled subjects was inversely related to the degree of underachievement, the magnitude of correlations ranging from .46 to .58. Additionally, a significant decrease in self-concept scores as age and grade increased

(.58 - .62), was demonstrated.

Ribner (1978) confirmed that learning disabled children generally have a lower self-concept than "normal" children. However, he found that learning disabled children in special classes have a higher self-concept with respect to school adequacy than do learning disabled children in regular classrooms, though self-concept in relation to general competence was the same for both sets of learning disabled children. Thus one may hypothesize that academic success in special class placements are not sufficient to raise the learning disabled child's overall self-concept, since outside social pressures, i.e. family and peers, have a significant influence upon the child's self-concept.

Parents and other concerned adults often place the child in a no win and/or conflicting position. This often is as a result of tensions and frustrations of the child's failures due to an undiscernable cause. These adult frustrations usually manifest themselves to the child as inconsistent expectations, demands and feedback regarding the causes for the child's failure. As previously stated, these children are frequently called lazy, purposely negativistic, psychopathologic and mentally retarded by peers, professionals, and their own family. To see if there was any improvement in self-concept of learning disabled children when parents were more understanding of what it was like to try and cope with learning difficulties, Rosenthal (1973) conducted a study comparing the self-concept of learning disabled children with understanding and knowledgeable parents to a set of learning disabled children from families that had no knowledge of the term and no experiences of the consequences. He found that while

learning disabled children generally have lower self-concept than do non-learning disabled children, learning disabled children with understanding families had higher self-concepts than did those learning disabled children coming from families lacking that awareness.

Other studies (Myklebust, 1975) have supported indications that the low self-concept of learning disabled children may not only be a result of academic failure, but may also result from other social influences. Bruinick (1978) reported a significantly lower social status and lower self-concept in learning disabled children than in non-learning disabled children. This finding can be seen to be substantiated by Rosenberg and Gaier's study (1977) which indicated that learning disabled adolescents have significantly lower social self-peer perceptions. (Social self-peer refers to how the child perceives his peers to view him socially, i.e.: "I am easy to like," "I am a lot of fun to be with" (Coopersmith Self-esteem Inventory, 1967)). This was hypothesized to possibly be a result of stigmatization and perceived less desirability to peers as a result of the learning deficit.

The research reviewed above strongly indicates that learning disabled children generally suffer from a lower self-concept than "normal" children. This low self-concept is further exacerbated by emotional and behavioral problems, all of which interact in a mutually reinforcing fashion. Further, although continual academic failure is regarded as a powerful influence on lowering self-concept, outside social variables such as family and peers can be seen to have an equally significant effect upon the self-concept.

Further, research indicates that the self-ideal-self concept and

the level of congruence between the two, may be of significant importance in the total adjustment and functioning of any child. Specifically, the learning disabled child appears to suffer from a comparatively low self-concept as a result of most social/interactional facets of the learning disability. This low self-concept, in turn, seems to exacerbate the learning difficulty and low self-concept, thereby creating a viscious circle and often some degree of maladjustment. Thus the purpose of the present study was to examine the self-concepts of learning disabled children as compared to non-learning disabled children. Further, the degree of congruence between self-ideal-self concepts of learning disabled and non-learning disabled was examined. It was hypothesized that:

1. There would be a significantly lower level of self-concept in children with a diagnosed learning disability than in "normal" non-learning disabled children.
2. There would be a significantly larger discrepancy in congruence of self-ideal self-concept of diagnosed learning disabled children than in "normal" non-learning disabled children.

Additionally, a post-hoc analysis was undertaken which examined similarities and differences in ideal-self concepts of diagnosed learning disabled children and "normal" non-learning disabled children for patterns of responses.

Method

Subjects

Twenty male elementary school students (ten learning disabled and ten non learning disabled) participated in the study. All children ranged in age from 10 years, 11 months to 12 years, 1 month. Children

in approximately their eleventh year of age were chosen so that, a) the children potentially may have the cognitive development to deal with a minimal level of abstraction. (Possibly in transition from the concrete operational to formal operational (Piaget, 1958)), and b) their self-concept is not too greatly confounded by the effects of puberty. (Erickson, 1959; Freud, A., 1969). All subjects were of normal or above intelligence and had not experienced emotional trauma within the last year (i.e., divorce, death of a significant person, etc.). The learning disabled children had been diagnosed as being learning disabled as per the legal definition (TEA 226-13-90, Federal Law 94-142). All Non Learning Disabled children were selected from one private elementary school. All Learning Disabled children were selected from a different private elementary school.

Instrument

The Bledsoe Self-Concept Scale consists of thirty adjectives, which the subject is asked to check on a 3-point scale (nearly always; about ½ the time; just now and then) for each adjective, first responding to: "This is the way I am," and a second time responding to: "This is the way I would like to be." Eighteen adjectives are scored positively and twelve negatively. Ten adjectives each are drawn from evaluation (six positive and four negative in each dimension). This scale has slightly modified the Lipsitt self-concept scale in order to correct for an apparent sex biax in favor of females. The revised Bledsoe scale has been designed for children from age seven to age fourteen. Test-retest reliability was found to be .85, derived from a sample of 125 pupils at fourth grade level after a two week interval. Further, a correlation

of .38 with the California Test of Personality (total) was indicated.

Procedure

The Bledsoe Self-Concept Scale was presented to subjects individually both visually and auditorily in an attempt to ensure that the learning disabled students were not handicapped in their responses by their learning difficulties. Testing sessions were conducted individually, with no set time limit for the completion of the instrument. Subjects were asked to respond twice to the instrument within the same session, first in terms of how they perceive themselves (self), and second, in relation to how they would like to be (ideal-self). The order of presentation in half the population was to respond to "This is the way I am" first, then to "This is the way I would like to be." The other half of the population had the order reversed, thereby attempting to control for possible position effect.

Analysis

A multivariate analysis of variance (MANOVA) was used to examine the differences between Learning Disabled and Non-Learning Disabled students with respect to self-concept and ideal self-concept across the two groups. A post hoc discriminant analysis examined the extent to which differences in self-concept and ideal self-concept contribute to any significant differences identified by the MANOVA. An analysis of variance (ANOVA) was employed to examine whether a significant difference existed between groups with respect to degree of congruence of self-concept and ideal self-concepts.

Results

The means and standard deviations for self concept, ideal self-

concept and degree of congruence are presented in Table 1. The results of the MANOVA indicate that learning disabled and non-learning disabled did not differ significantly. Examination of Table 1 further shows that the two groups standard deviations were almost equal.

Table 1

Mean and Standard Deviations for the Learning Disabled and Non-Learning Disabled groups for the three dependent variables

	SELF		IDEAL SELF		PERCENT Congruent	
	MEAN	SD	MEAN	SD	MEAN	SD
Non-Learning Disabled	78.8	5.6	86.5	3.7	.91	.08
Learning Disabled	76.8	5.7	85.0	3.9	.91	.09

Discussion and Conclusion

As can be seen from the analysis, the hypotheses that (a) the self-concept of learning disabled children can be expected to be significantly lower than non-learning disabled, and that (b) learning disabled children may be expected to manifest less congruence between self and ideal self concepts, were not verified. Additionally, the ideal self concept for both groups showed almost identical means and standard deviations. In light of the literature reviewed and practitioners experiential reports, these findings are somewhat surprising.

These results may have occurred for a variety of reasons. As Wiley (1961) reported, self-concept measures suffer from numerous problems, most significant of which are in the realm of construct validity. While

it was not clear that this instrument dealt effectively with these problems, it did appear to be differentiating individual differences up to a range of 20 points on a 90 point scale. Hence, there is some indication that the instrument was successful to some degree in differentiating the variability between subjects. Further since the means and variance were almost the same in both groups, the instrument appears to be operating in the same manner for both groups.

As this study was a preliminary one with a small sample group, it may also be hypothesized that the sample size led to the non-significant results. When the power of the sample was calculated (Glass and Stanley, 1970, p. 283) it was found to be extremely low, indicating that group differences may have been obscured.

A further possible influence on the lack of a significant difference between the two groups may have occurred as a result of the two populations being drawn from private schools rather than public. Specifically, it must be considered that the learning disabled children were selected from a private school that specialized only in teaching children with learning problems. Hence, one may conclude that privately educated learning disabled children who are being taught in a specifically adapted environment and who have parents with some level of comprehension of their difficulty (Rosenthal, 1973), may not have differing self-concepts from "normal" non-learning disabled, privately educated children.

Finally, consideration can be given to the possibility that there may be an element of self-fulfilling prophecy in practitioners judgments, and in projected expectations of learning disabled children. That is to say, that practitioners may expect learning disabled children, as a group,

to have a significantly lower self-concept than "normal" non-learning disabled children, as a direct result of their learning handicap.

In light of the results of this preliminary study, the major study will attempt to clarify and control for some of the considerations above. Namely, (a) both populations will be selected from the same schools, within the public school system, in an attempt to examine learning disabled students in situations where they interact on a daily basis with non-learning disabled students; (b) the sample size will be extended to twenty subjects per group.

Notes

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